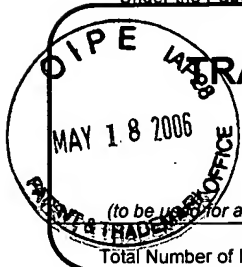


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TRANSMITTAL
FORM

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Total Number of Pages in This Submission

Application Number	10/805,843
Filing Date	2004 March 22
First Named Inventor	GONZALO ROMERO M
Art Unit	1655
Examiner Name	SUSAN COE
Attorney Docket Number	ROMERO

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	GONZALO ROMERO		
Date	5-15-06	Reg. No.	

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Typed or printed name	GONZALO ROMERO M	Date	5-15-06

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appn Number: 10/805,843

Appn. Filed: 2004 March 22

Applicants: Gonzalo Romero M

Title: Devastating treatment against HIV/AIDS with capsaicin

Examiner/GAU: Susan D Coe /1655

Saint Petersburg, 2006 May 15

Assistant Commissioner for Patents

P.O. Box 1450, Alexandria, VA 22313-1450

Sir:

In response to the office communication mailed 4/19/2006, please note the applicant's election/restriction as it pertains to the present application. The application elects to pursue Group II, Claims 9-10, drawn to a medication composition classified in class 424 subclass 760. As noted in the amended claims below, Claims 1-8 and 11 have been withdrawn.